

Department of Labor and Industries
PO Box 44324
Olympia WA 98504-4324
1-800-845-2634 or (360) 902-6763
TDD (360) 902-5056
FAX (360) 902-5035



INTENT TO HIRE PREFERRED WORKER

EMPLOYERS:

- To benefit from the Preferred Worker Program, you must send this form and the job description on the reverse **within 60 days** of the date of hire. The job description must show the physical requirements of the job you are offering.

WORKER'S SECTION

Worker's Name		Social Security Number.	Claim Number
Worker Phone #	PW's Certification #		

EMPLOYER'S SECTION

When you hire a Preferred Worker:

- Your industrial insurance account will not be charged for claim costs if the Preferred Worker is injured or contracts an occupational disease during the certification period.
- You will be exempt from paying Accident Fund and Medical Aid Fund premiums **for the Preferred Worker** during the certification period. You must report hours and pay the Supplemental Pension fund premiums for the Preferred Worker.
- You must notify the Department of Labor and Industries on your next quarterly report if the Preferred Worker leaves your employ within the certification period. **You must still pay all premiums for all other employees.**

The Preferred Worker Risk Classification is 7204.

Employer's Business Name		UBI (state tax #)	L&I Account Number	
Nature of Employer's Business			Paid OJT approved by L&I? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Mailing Address			Employer's Phone #	
			Employer's FAX #	
Worker's job title		Date of Hire	Today's Date	
I intend to hire this Preferred Worker. I certify that I was not the employer at the time of injury and that I am not affiliated in any way with the employer at the time of injury. I also certify that the attached job description accurately represents the job duties this worker will be asked to perform. I will not ask this worker to perform any job duties or tasks that exceed the physical limitations or restrictions reported to me by the worker.				
Employer's Signature:		Employer's name (please print)		

L&I USE ONLY. 7204 cannot extend beyond the certification period end date on RPWO.

Class Code	Approved? <input type="checkbox"/> Yes	PW's Certification Period:		Start Date for Preferred Worker (Code 7204)	Date
	<input type="checkbox"/> No	Begins:	Ends:		



**PREFERRED WORKER
 EMPLOYER'S JOB DESCRIPTION**

EMPLOYER: COMPLETE THIS FORM AND FAX TO (360) 902-5035

Job Title _____ Claim # _____
 Employer _____ Claimant _____
 Phone # _____ Date _____

Description completed by: _____ Title _____
 Essential task description:

Machinery, tools, equipment and personal protective equipment:

FOR EMPLOYER USE ONLY

PHYSICAL DEMANDS

N/A: Not Applicable

F: Frequent (30%-70% of the time)

S: Seldom (1-10% of the time)

C: Constant (Over 70% of the time)

O: Occasional (10-30% of the time)

	Frequency	Description of Tasks
Sitting		
Standing		
Walking		
Driving		
Lifting () lb.		
Carrying: () lb.		
Pushing/Pulling: () lb.		
Climbing Stairs/Ladders		
Bending/twisting at waist		
Kneeling/squatting		
Crouching/Kneeling		
Crawling		
Reaching above shoulder		
Repetitive Motion		
Handling/Grasping		
Fine Finger Manipulation		
Talking		
Hearing		
Seeing		
Other:		

Employer: please include any Material Safety Data Sheets (MSDS)